## N06000001364

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -7 PM 12: 42

C. LEWIS OCT 1 5 2013 EXAMINER APPROVED

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	WN COMMUN	NITY ASSOCIATION, INC.	
DOCUMENT NUMBER: N0600001364			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
	(Name of Contact Pe	rson)	
<b>GEORGETOWN COMM</b>	IUNITY AS	SSOCIATION, INC.	
1200 PONCE DE LEON	(Firm/ Company		
12001 ONOE BE LEGIT	(Address)	TID I LOOK	
CORAL GABLES, FL 33	•		
	(City/ State and Zip C	Code)	
E-mail address: (to be used	for future annual repo	ort notification)	
For further information concerning this matter, please	call:		
	at (	)	
(Name of Contact Person)	(Area	a Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of State:	
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clii	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle	

Tallahassee, FL 32301

**Articles of Amendment** Articles of Incorporation

F	PPROVED AND FILED
13 OET	7 PM 12: 42 Y UF STATE TE. FLORIDA

## GEORGETOWN COMMUNITY ASSOCIATION, INC.

(Name of Corporation as currently: N06000001364	med with the Florida Dept. of	State	OLE. FLORI
(Docum	ent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		Not For Profit Corporation adopt	s the followin
A. If amending name, enter the new name	e of the corporation:		
name must be distinguishable and contain th "Company" or "Co." may not be used in th	<u>.</u>	rporated" or the abbreviation "Con	The nev rp." or "Inc."
B. Enter new principal office address, if a			<del></del>
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS )		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/onew registered agent and/or the new r		Florida, enter the name of the	
Name of New Registered Agent:			
-	(Florida street aa	ldress)	
New Registered Office Address:	1, , , , , ,		
_		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: ad agent. I am familiar with and	d accept the obligations of the posit	tion.
	Signature of New Registered Ag	ent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

, (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	VINCE CARVER	201 SE 19TH STREET
Add			FT. LAUDERDALE, FL 33316
X Remove			
2) Change	VPD	CAMILO ALDAMA	201 SE 19TH STREET
Add			FT. LAUDERDALE, FL 33316
X Remove			
3 ) Change	STD	ALEXANDER RUIZ	201 SE 19TH STREET
Add			FT. LAUDERDALE, FL 33316
X Remove			
4) Change	PD	LUIS GONZALEZ	1200 PONCE DE LEON BLVD.
X			2ND FLOOR
Remove			CORAL GABLES, FL 33134
5) Change	VPD	CAMILO A. LOPEZ	2 NE 40 STREET
X			SUITE 204
Remove			MIAMI, FL 33137
6) Change	STD	JORGE A. GONZALEZ	1200 PONCE DE LEON BLVD.
X Add			2ND FLOOR
Remove			CORAL GABLES, FL 33134
Kemove		Page 2 of 4	

<mark>lf amending or adding additional Art</mark> i attach additional sheets, if necessary).	(Be specific)			
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	the date of each amendment(s) adoption: 09/26/2013	, if other than the
date	te this document was signed.	$A\rho_{\rho_{\Omega_n}}$
Effe	ffective date if applicable:	APPROVED FIND
	(no more than 90 days after amendment file date)	T3 OCT TIED
Ado	doption of Amendment(s) (CHECK ONE)	T3 OCT -7 PH 12: 42  ECRETARY OF STATE AHASSEE, FLORIDA
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s was/were sufficient for approval.	SEE, FLORIDA
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	,
	Dated 9/26/2013	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	LUIS GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	